

**KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION**  
911 Leawood Drive (40601)  
PO Box 1360  
Frankfort, Kentucky 40602  
(502) 564-3296, ext. 239

**NEW PROGRAM REQUEST APPLICATION**

**INSTRUCTIONS:**

**This application must be completed in its entirety and submitted with all supporting material in triplicate. The application fee of \$150, by check or money order made payable to the *Kentucky State Treasurer*, must be included. DO NOT SEND CASH.**

***This application must receive board approval prior to beginning instruction of the new program.***

**INSTITUTION INFORMATION:**

**Date:** \_\_\_\_\_

Complete Name of Institution: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Administrative contact person, e-mail Address, and FAX number: \_\_\_\_\_

\_\_\_\_\_

**Official title of new program:** \_\_\_\_\_

Type of Program: Diploma \_\_\_\_\_ Certificate \_\_\_\_\_

Date Institution Founded: \_\_\_\_\_

Complete Names and Titles of School Officials:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Complete Name, Address and Telephone Numbers of **all** School Owner(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corporation Name: \_\_\_\_\_

## ACCREDITATION

List all agencies currently accrediting or approving this school:

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Briefly state the school's philosophy and objectives: \_\_\_\_\_

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## REQUESTED NEW PROGRAM INFORMATION

Objective of new program: \_\_\_\_\_

Length of new program: \_\_\_\_\_

Cost of program to students: \$\_\_\_\_\_

Attach a complete course description with credit hours for each course in program (marked Exhibit A).

Identify all new courses to be offered within this program:

_____	_____
_____	_____
_____	_____

List performance objectives, indicating skills and understanding student will have upon completion of the program (marked Exhibit B).

Attach an inventory of equipment needed identifying all new equipment to be utilized (marked Exhibit C).

**Attach** a list of all instructors and a completed PE-14, School Personnel Form, (or copy of most current on file) for each instructor of this program (marked Exhibit D).

Capital to be used to support the new program: \$\_\_\_\_\_

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*I certify that the information contained on this application and all attachments to be true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of Authorized School Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Complete Name of Authorized School Official

\_\_\_\_\_  
Title